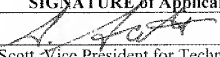


REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Patent Number	6,915,605
	Issue Date	July 12, 2005
	First Named Inventor	Mark M. Lavoie
	Art Unit	3677
	Examiner Name	Miller, William L.
	Attorney Docket Number	1571.2019-001

I hereby revoke all previous powers of attorney given in the above-identified application.					
<input type="checkbox"/> A Power of Attorney is submitted herewith.					
OR					
<input checked="" type="checkbox"/> I hereby appoint the practitioners associated with the Customer Number:				<div style="border: 1px solid black; padding: 2px; display: inline-block;">26774</div>	
<input checked="" type="checkbox"/> Please change the correspondence address for the above-identified application to:					
<input checked="" type="checkbox"/> The address associated with Customer Number				<div style="border: 1px solid black; padding: 2px; display: inline-block;">26774</div>	
OR					
<input type="checkbox"/> Firm or Individual Name		Nixon Peabody LLP			
Address		1100 Clinton Square			
City	Rochester	State	New York	Zip	14604
Country	United States of America				
Telephone	(585) 263-1000		Email		
I am the:					
<input type="checkbox"/> Applicant/Inventor.					
<input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. <i>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)</i>					
SIGNATURE of Applicant or Assignee of Record					
Signature					
Name	Steven M. Scott, Vice President for Technology				
Date	<div style="border: 1px solid black; padding: 2px; display: inline-block;">3/26/09</div>		Telephone	(860) 676-7147	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*					
<input checked="" type="checkbox"/> *Total of 1 form is submitted					